

Total

NAME (Last) (First) (Middle)	
RESIDENTIAL DATA	
PLACE OF RESIDENCE WHEN APPOINTED	PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	
MARITAL STATUS	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED	
IF MARRIED, INDICATE PLACE OF MARRIAGE	DATE OF MARRIAGE
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
IF WIDOWED, INDICATE PLACE SPOUSE DIED	DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)	
3. MEMBERS OF FAMILY	
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)
NAME(S) OF CHILDREN	ADDRESS
NAME OF FATHER (Or male guardian)	ADDRESS
NAME OF MOTHER (Or female guardian)	ADDRESS
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?	
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
NAME (Mr, Mrs, Miss) (Last-First-Middle)	RELATIONSHIP
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 7 ON THE REVERSE SIDE OF THIS FORM.	
5. VOLUNTARY ENTRIES	
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS	
CONTINUED ON REVERSE SIDE	
CURRENT RESIDENCE AND DEPENDENCY REPORT	

CONFIDENTIAL

(CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☐ NO. IF "YES", WHERE IS DOCUMENT LOCATED?

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☐ NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

SIGNATURE

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